

PART III. APPLICATION FOR TENTATIVE REFUND BASED ON CARRYBACK OF NET OPERATING LOSS OR CAPITAL LOSS

Name		Federal EIN		Telephone Number	
Mailing Address				Fax Number	
City	State	Zip Code		E-Mail Address	
Contact Person	Title			Contact Telephone Number	
Name used on original return, if different from above			Is the corporation currently under audit by the Alaska Department of Revenue?		YES NO

- | | | |
|---------------------------------------|-----------------------|--|
| 1. This application is to carry back: | a. Net operating loss | |
| | b. Net capital loss | |
| 2. Loss year | Tax Year ended | |

DEPARTMENT USE ONLY		
FSN:	FSN:	FSN:

➡ Taxpayer Completes The Following: ➡

Computation of Decrease in Tax

3. Taxable income from tax return
4. Net capital loss deduction
5. Subtract line 4 from line 3
6. Net operating loss deduction after carryback
7. Taxable income. Subtract line 6 from line 5
8. Income Tax
9. Credits
10. Other taxes
11. Net income tax. Subtract line 9 from line 8
and add line 10
12. Net payments. (Total previous payments
less total previous refunds, credits, penalties
and interest)
13. Enter amounts from line 11, columns (b),
(d) and (f)
14. Net Overpayment. Subtract line 13 from line 12
15. Total refund claimed

[illegible]

I declare, under penalties of perjury, that I have examined this application and accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than the taxpayer, preparer's declaration is based on all information of which preparer has knowledge.

Officer's Signature	Date	Title		CFWD
Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN	REFUND
Firm's name (or yours if self-employed) _____ and address		EIN		APPROVED
		Zip Code		DATE

DEPT USE ONLY
Validation Number: